

Mail completed form(s) to:
Department of Labor and Industries
PO Box 44610
Olympia WA 98504-4610
Or FAX to: (360) 902-5438



Cholinesterase Monitoring Monthly Workers Tested Report

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Type or print For information about completing this form, contact L&I at (1-800) 4 BE-SAFE (423-7233)		
Name of company	Name of individual completing form	Phone number
Address	City	State ZIP+4

Instructions:

1. Enter each employee who had periodic testing the month being reported.
2. Submit this form no later than the 15th of the month following the month you are reporting the hours.
For example, if you are reporting hours for employees who received periodic tests in April 2004, you must submit this report by May 15, 2004.
3. Report handling hours for the 30-day period preceding each test, then the total year-to-date hours for each employee.

Full name of employee (last, first, middle initial)	Date of birth	Place of birth	Mother's first name	Mother's maiden name	Date of test	Hrs 30 days before testing	Total hrs yr to date